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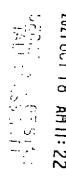
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	KIROVA BALLET FO	DUNDATIO	N, INC		
DOCUMENT NUMBER:	N1800000	2011			
The enclosed Articles of Amendment and fe	e are submitted for filing.				
Please return all correspondence concerning	this matter to the following	រតិ:			
JANNA KIROVA					
	(Name of Cont	ict Person)			
	(Firm/ Con	ıpany)			
1955 E. HALLANDALE	BEACH BLVD				
······································	(Addre	ss)			
HALLANDALE BEACH	, FL 33009				
	(City/ State and	Zip Code)			
jkirova@aol.com					
E-mail address: (to be used for future annu-	al report noti	fication)	
For further information concerning this matt	er, please call:				
Janna Kirova		321 at		508-4375	
(Name of Conta	ict Person)			(Daytime Telephone Numb	per)
Enclosed is a check for the following amour	nt made payable to the Flo	rida Departn	ient of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate o	g Fee & S43.75 Filing of Status Certified Cop (Additional contents)	y	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Street Ado Amendme		n	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

KIROVA BALLET FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida I	Dept. of State)		
1	118000002011		
(Document Numb	er of Corporation	(if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida No</i>	ot For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>		
NA			The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpo.	rated" or the abbreviation "Corp	." or "Inc."
B. Enter new principal office address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)	, , , , , , , , , , , , , , , , , , ,	
C. D. C. W. address if ambigables		<u>د : </u>	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA		<u> </u>
		<u>۔</u> برید	
		<i>i</i> ,,	
		<u></u>	<u> </u>
D. If amending the registered agent and/or registered offi	ice address in Flo	rida, enter the name of the	= 0
new registered agent and/or the new registered office a	ıddress:		22
Name of New Registered Agent: NA		<u> </u>	
- Control of Personal Control of	-		
	-	(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	l Agent: miliar with and ac	reept the obligations of the position	n.
	ignature of New R	egistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

interesting the residence of	,,		
Example: X Change X Remove X Add	PT John De V Mike Je SV Sally Se	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _x Change Add	P	JANNA KIROVA	720 SW 4TH STREET HALLANDALE, FL 33009
Remove 2) Change Add	VP	MAXIM IVANOV	720 SW 4TH STREET HALLANDALE, FL 33009
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			
	ng additional Art ets, if necessary).	ticles, enter change(s) here: (Be specific)	
NA			
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The date of each amendment(s) adoption:	OCTOBER 1, 2021		if other than the
The date of each amendment(s) adoption date this document was signed.	·		If other than the
Effective date if applicable:	10 more than 90 days after amendmen	nt file date)	<u> </u>
			not be listed as the
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory fill at of State's records.	ig requirements, this date will	not be nated as the
Adoption of Amendment(s)	(CHECK ONE)		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

_	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated 10/1/2021 Signature one of the					
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)					
	JANNA KIROVA					
	(Typed or printed name of person signing)					
	PRESIDENT					
	(Title of person signing)					